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RETURN TO WORK

Why it matters and how to do it safely

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WORK RELATED CLAIMS

- ▶ Nearly 9 million nonfatal workplace injuries each year
- ▶ Estimated cost of \$249.7 billion in 2007
  - ▶ More than cancer, diabetes, stroke, heart disease

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WORK ABSENCE

- ▶ 10% of injured workers incur significant work absences and/or life disruptions that can lead to permanent withdrawal from the workforce

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## PATIENT PERSPECTIVE

- ▶ Prolonged work absence can cause significant harm to a person's well-being
  - ▶ Lost social relationships
  - ▶ Lost self-respect
  - ▶ Loss of identity

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## COMPENSATION STATUS AND OUTCOMES

- ▶ 2005 Meta-analysis reconfirmed that workers receiving disability benefits recover less quickly and have poorer clinical outcomes than those with the same injuries who do not receive benefits
- ▶ 4x higher odds of unsatisfactory outcome following surgery when on workers' compensation

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## EARLY INTERVENTION

- ▶ Key to preventing disability
- ▶ People who never lose time from work have better outcomes than people who do
  - ▶ 50% chance of return after 6 months absence

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## CHANGE FOCUS

- ▶ Focus on preventing disability instead of managing
- ▶ Treat disability episodes in an urgent manner to renormalize life as quickly as possible
- ▶ Major component is return to work

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## RETURN TO WORK PHYSICIAN PERSPECTIVE

- ▶ Goal to facilitate return to work as quickly as is safely possible
- ▶ Early intervention, appropriate return to work, better patient outcomes with less disability

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## DATA GATHERING

- ▶ Functional demands of the job
- ▶ Worker's current work capacity and limitations
- ▶ Activities to avoid or reasons to remove from work
- ▶ Can this worker with this capacity do this job
- ▶ Modifying job/making accommodations

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## RISK-BASED ANALYSIS

- ▶ Work status = injury + job description
- ▶ What modifications will allow healing and maximize participation
- ▶ Do critical job functions have potential to exacerbate the condition of the worker, his or her associates, or the general public?

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## CASE STUDY

- ▶ 52 y/o worker felt pop in shoulder when lifting object overhead during usual work duties
- ▶ Reported injury 2-3 days later after failure to improve with home care
- ▶ Referred for primary care occupational medical evaluation who recommends course of therapy with modified duty recommended

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## RETURN TO WORK PHYSICIAN PERSPECTIVE

- ▶ Three Categories
  - ▶ Medically Required
  - ▶ Medically Discretionary
  - ▶ Medically Unnecessary

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MEDICALLY REQUIRED  
ABSENCE

- ▶ Attendance required at a place of care
- ▶ Recovery requires confinement to bed or home
- ▶ Being in the workplace or traveling to work is medically contraindicated

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MEDICALLY DISCRETIONARY  
ABSENCE

- ▶ Diagnosable medical condition with some impairment but other functional abilities still intact

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MEDICALLY UNNECESSARY  
ABSENCE

- ▶ Perception that a diagnosis alone justifies absence
- ▶ Other problems that manifest as medical issues (job dissatisfaction, anger, fear, other psychosocial factors)
- ▶ Poor information or or inadequate communications
- ▶ Administrative or procedural delay

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## CASE STUDY CONTINUED

- ▶ Modified duty available
- ▶ No time lost from work
- ▶ Patient improves with formal physical therapy and home exercise program
- ▶ Modifications lifted and successful transition back to regular job duties

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## ON-THE-JOB RECOVERY

- ▶ Medically necessary absence is rare
- ▶ Majority of injured workers are capable of productive modified activity
- ▶ Workers who return to work early generally recover more rapidly and have better long-term outcomes

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## ON-THE-JOB RECOVERY BARRIERS

1. Failure to provide temporary modified work
2. Poor reputation of "light duty" by both employers and employees
3. Delay in implementation

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## CASE STUDY CONTINUED

- Modified duty not available
- Patient remains at home while participating in physical therapy
- Patient improves with formal physical therapy and home exercise program
- Physical deconditioning results in significant barrier to return to regular job duties
- Work conditioning required to enable safe return

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## ON-THE-JOB RECOVERY KEY POINTS

- "Allowing workers to recover on the job is a cornerstone of disability prevention."
- Requiring return without restrictions sets high bar that can result in increased utilization of work conditioning and higher rates of disability

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## RETURN TO WORK SUMMARY

- ▶ Treat injuries with urgency
- ▶ Understand unique aspects of each injury as it relates to each job
- ▶ Allow modified duty as much as possible
- ▶ Limit unnecessary delays

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